

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34606

BIRTH NO. ....		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5381</u>		Registrar's No. <u>79</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>near Montauk Currnet</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>near Montauk rural Currnet</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital organization, give street address or location)				d. STREET ADDRESS (If rural, give location) <u>0330</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>W</u>		c. (Last) <u>Miller</u>			
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>10</u>		(Year) <u>52</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>10/11/78</u>			
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Months		# UNDER 1 HRS Hours		# UNDER 1 MINS Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>					
11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U</u>					
13a. FATHER'S NAME <u>Oliver Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline Click</u>					
14. NAME OF HUSBAND OR WIFE <u>xxx</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>X</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>Susie Nichols</u>				ADDRESS <u>Montauk Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>X</u> , 19 <u>X</u> , to <u>X</u> , 19 <u>X</u> , that I last saw the deceased alive on <u>X</u> , 19 <u>X</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl R. Spence</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>10/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Herman</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-14-52</u>		REGISTRAR'S SIGNATURE <u>W. M. Hart, Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spence</u>		ADDRESS <u>Salem Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Carl H. Spence*

Licensed Embalmer No. *2370*

P. O. Address *Palmer Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.